REHABILITATION SERVICES

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GENERAL CRITERIA

ALL rehabilitation services require prior approval from Medicaid. This attachment to the Hospital Manual specifies the requirements and criteria for rehabilitation services.

EXPLANATION OF CODES

Following is an explanation of column heading and codes found on the Rehabilitation Services Tables.

DRG Diagnosis Related code

DIAGNOSIS Description of the DRG code

AGE Medicaid covers rehabilitation services from birth through any age.

PA Prior Authorization is required by Medicaid. Refer to PRIOR AUTHORIZATION REQUIREMENTS FOR REHABILITATION SERVICES on next page.

DISEASE SPECIFIC CRITERIA Specific information and criteria required by Medicaid before the item will be reimbursed.

OUTLIER Description of the outlier threshold

COMMENTS Reserved for future use

PRIOR AUTHORIZATION REQUIREMENTS FOR REHABILITATION SERVICES

A. Inpatient hospital intensive physical rehabilitation services are covered Medicaid services, as specified in R414-2B, Utah Administrative Code.

B. Outpatient rehabilitation is limited to individual clients who qualify for the service. Prior authorization may be given based on established criteria. Outpatient therapy (OT, PT, Speech) is an optional service with a limited number of visits. Inpatient rehabilitation therapy service is intended to provide the therapy necessary to allow the patient to function without excessive outpatient followup therapy; and therefore, the maximum therapy service the patient can have under the DRG should be provided. Failure to provide this needed therapy during the patient's inpatient stay may affect the patient because adequate outpatient therapy visits may not be available.

C. For approval, rehabilitation services must meet the following criteria:

(1) The patient is medically/surgically stable and requires 24-hour nursing care or supervision by a registered nurse with specialized training in rehabilitation.

(2) The patient requires close medical supervision by a physician with specialized training in rehabilitation.

(3) This is the patient's first admission, or the patient has developed a new problem which now meets medical necessity for rehabilitation admission.

(4) The patient has a reasonable expectation of improvement in his/her activities of daily living which are appropriate for his/her chronological age and development that will be of significant functional improvement when measured against his/her documented condition at the time of the initial evaluation.

(5) For review of prior authorization, a worksheet with the following medical record documentation must be submitted:

a. The physiatry or physical medicine history, physical, and discharge summary and nursing assessment.

b. The hospital discharge plan with rehabilitation, short and long term goals, and number of hours of therapy estimated for any given discipline.

c. The patient's physical, cognitive, and sensory capacity allows active participation in an intense rehabilitation program (5 ½ days/week) which includes a minimum of three hours of physical therapy and at least one other discipline (i.e. OT, Speech, etc.) which will restore function rather than maintain existing function at the time of admission.

1. Submit the function independent measurement (FIM) score for OT and PT pre-injury and rehabilitation admission status with discharge goal.

2. Submit the FIM score for Speech therapy with audiology score, if available.

D. The physician or his/her designee must initiate the request for prior authorization no later than the 5th working day after admission to the Rehabilitation Unit. The request must be sent in by FAX with all the pertinent information outlined in item C. If request is submitted without all required documentation, the request will start from the date of receipt rather than date of admission. Reminder: Coverage requirements apply **ONLY** when the Medicaid client is assigned to a Primary Care Provider or not enrolled in a managed care plan. Medicaid does **NOT** process Prior Authorization (PA) requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting PA for services to a client enrolled in a managed care plan will be referred to that plan.

Fax number is: (801) 538-6382

E. At receipt of the FAX, a decision will be made by Medicaid staff regarding the appropriateness of the admission. The provider will be informed by fax of the decision. A letter of approval, denial or pending status will be mailed to the provider.

F. Notice of Rights

(1) The Medicaid agency will give advance notice in accordance with State and Federal regulations whenever payment is not approved for services which prior authorization was requested. The notice will specify (1) the service(s) and reason(s) for which the authorization was not granted, (2) the regulations or rules which apply, and (3) the appeal rights of the provider.

(2) The physician and/or hospital may not charge the patient for services that are denied (1) because the provider failed to advise the patient that the services were not a covered Medicaid benefit, (2) because the provider failed to follow prior authorization procedures, or (3) because payment has been denied. The provider may charge the patient for services that are not covered by Medicaid only when the provider has advised the patient in advance that the services are not covered and the patient has agreed in writing to pay for the services. Refer to Section 1, Chapter 6 - 9, *Exceptions to Prohibition on Billing Patients*.

QUICK REFERENCE FOR REHABILITATION SERVICES

DRG	SERVICE	PA	CRITERIA
800 801 802 803 804	All rehab services	yes	■Physician or his/her designee must initiate the request for PA no later than the 5th working day after admission to the Rehab Unit. Required written documentation on the faxed worksheet must include: -physiatry history and physical, inpatient discharge summary -nursing assessment -hospital discharge plan with rehabilitation, short and long term goals which include the expected number of hours of therapy estimated for any given discipline. -a statement that the patient's physical, cognitive, and sensory capacity allows active participation in an intense rehabilitation program (5 ½ days/week) which includes a minimum of three hours of physical therapy and at least one additional discipline (i.e. OT, speech therapy) which will restore function rather than maintain existing function ast the time of admission. -a copy of functional independent measurement (FIM) score for OT and PT pre-injury and rehabilitation admission status with discharge goal(s). -a copy of the FIM score for Speech therapy with audiology score, if available.

SPINAL INJURY -- PARAPLEGIA

DRG	DIAGNOSIS	AGE	PA	DISEASE SPECIFIC CRITERIA	OUTLIER	COMMENTS
800	Spinal injury resulting in paraplegia	all	yes	Patient has paralysis of two limbs or half of the body related to trauma or disease of the spinal cord. May be complicated by: ■Pressure sores ■Urological complications (UTI, dysreflexia) ■Respiratory complications ■Contractures ■Spinal/skeletal instability	The outlier threshold is calculated by multiplying the ALOS by 130%.	

SPINAL INJURY -- QUADRIPLEGIA

DRG	DIAGNOSIS	AGE	PA	DISEASE SPECIFIC CRITERIA	OUTLIER	COMMENTS
801	Spinal injury resulting in quadriplegia	all	yes	Patient has paralysis of all four limbs. May be complicated by: ■Pressure sores ■Urological complications (UTI, dysreflexia) ■Respiratory complications ■Contractures ■Spinal/skeletal instability	The outlier threshold is calculated by multiplying the ALOS by 130%.	

TRAUMATIC BRAIN INJURY (TBI)

DRG	DIAGNOSIS	AGE	PA	DISEASE SPECIFIC CRITERIA	OUTLIER	COMMENTS
802	Traumatic brain injury	all	yes	Must have documented two or more neurological deficits such as: 1. Dysphagia 2. Dysphasia 3. Paralysis 4. Visual disturbances 5. Cognitive deficit	The outlier threshold is calculated by multiplying the ALOS by 130%.	

STROKE (CVA)

DRG	DIAGNOSIS	AGE	PA	DISEASE SPECIFIC CRITERIA	OUTLIER	COMMENTS
803	stroke (cardiovascular accident)	all	yes	1. Treatment must begin within 60 days after onset of stroke. 2. Patient has sustained focal neurological deficit.	The outlier threshold is calculated by multiplying the ALOS by 130%.	

OTHER DIAGNOSIS

DRG	DIAGNOSIS	AGE	PA	DISEASE SPECIFIC CRITERIA	OUTLIER	COMMENTS
804	Other (may include appropriate readmissions for Quads & Para's). Samples of other conditions which <u>may</u> require intensive inpatient rehabilitation program: 1. Amyotrophic lateral sclerosis (ALS) 2. Guillain-Barre Syndrome 3. Multiple Sclerosis 4. Melopathy (transverse myelitis infarction) 5. Myopathy 6. Parkinson's Disease 7. Peripheral neuropathy, chronic 8. Peripheral neuropathy, sub-acute 9. Post meningo-encephalitis 10. Post surgery a. Brain b. Spinal 11. Complicated fractures 12. Arthritis & Rheumatic disease 13. Major multiple trauma 14. Burns	all	yes	Patient with marked physical impairment secondary to a variety of problems such as trauma, surgery, chronic disease, and malnutrition or a combination of factors that can be expected to improve with a comprehensive physical restoration program. <u>10. Post surgery</u> <u>a. Brain:</u> Must have complicating medical condition which requires close medical supervision by a physician with resulting muscular skeletal deficit. <u>14. Burns:</u> Disability due to burns involving at least 15% of the body.	The outlier threshold is calculated by multiplying the ALOS by 130%.	